

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Kuhl for Congress

Full Name (Last, First, Middle Initial) A. Anthony Costello		Transaction ID: 61205.E1931 Date of Disbursement 11 / 20 / 2006
Mailing Address One Airport Way, Suite 300		Amount of Each Disbursement this Period 800.00
City Rochester State NY Zip Code 14624-	Purpose of Disbursement Refund of Contribution Refund of Overlim Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. Charles Joyce		Transaction ID: 61205.E1932 Date of Disbursement 11 / 20 / 2006
Mailing Address 4165 Grandview Avenue		Amount of Each Disbursement this Period 400.00
City Wellsville State NY Zip Code 14895-	Purpose of Disbursement Refund of Contribution Refund of Overlim Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)	1200.00
TOTAL This Period (last page this line number only)	1200.00